

**Name of Practice:**

Enter address and  
contact information here.

**Name of Project:**

Enter name here.

**Location:**

Enter address here.

**Date:**

Enter address here.



2024 Ontario Building Code Data Matrix Part 9 – Housing and Small Buildings					Building Code Reference <sup>1</sup>	
9.00	Building Code Version:	<u>O. Reg. 163/24</u>	Last Amendment	<u>O. Reg. 447/24</u>		
9.01	Project Type:	<input type="checkbox"/> New Construction <input type="checkbox"/> Addition <input type="checkbox"/> Renovation <input type="checkbox"/> Change of use <input type="checkbox"/> Addition and renovation Description: _____			[A] 1.3.3.3.	
9.02	Major Occupancy Classification:	Occupancy	Use		9.10.2.	
		_____	_____			
		_____	_____			
		_____	_____			
9.03	Superimposed Major Occupancies:	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A Description: _____			9.10.2.3.	
9.04	Building Area (m <sup>2</sup> )	Description:	Existing	New	Total	[A] 1.4.1.2.
		_____	<u>0</u>	<u>0</u>	<u>0</u>	
		_____	<u>0</u>	<u>0</u>	<u>0</u>	
		_____	<u>0</u>	<u>0</u>	<u>0</u>	
		_____	<u>0</u>	<u>0</u>	<u>0</u>	
	<i>Insert additional lines as needed</i>		<u>0</u>	<u>0</u>	<u>0</u>	
		Total	<u>0</u>	<u>0</u>	<u>0</u>	

[illegible]

9.13	Post-disaster Building	<input type="checkbox"/> No <input type="checkbox"/> Yes						[A] 1.3.3.2. and Part 4	
9.14	Occupant Load	<u>Floor Level/Area</u>	<u>Occupancy Type</u>	<u>Based On</u>	<u>Occupant Load (Persons)</u>	<u>Posted Limit Required</u>	9.9.1.3. Table 3.1.17.1.		
		_____	_____	_____	0	_____			
		_____	_____	_____	0	_____			
		_____	_____	_____	0	_____			
		_____	_____	_____	0	_____			
	<i>Insert additional lines as needed</i>	<u>Total:</u> _____							
9.15	Barrier-free Design:	<input type="checkbox"/> Yes    Explanation _____ <input type="checkbox"/> No						9.5.2. & 3.8	
9.16	Hazardous Substances:	<input type="checkbox"/> Yes    Explanation _____ <input type="checkbox"/> No						9.10.1.3.	
9.17	Required Fire Resistance Ratings	<u>Horizontal Assembly</u>	<u>Fire Resistance Rating (H)</u>	<u>Supporting Assembly(H)</u>	<u>Non-combustible in lieu of rating?</u>			9.10.8. and 9.10.11.	
		Floors over basement	0	0	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A				
		Floors	0	0	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A				
		Mezzanine	0	0	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A				
		Roof	0	0	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A				
9.18a	Spatial Separation	<u>Wall</u>	<u>EBF Area (m²)</u>	<u>L.D. (m)</u>	<u>L/H or H/L</u>	<u>Required FRR (H)</u>	<u>% Unprotected Openings Permitted</u>	<u>% Unprotected Openings Provided</u>	9.10.14., 9.10.15.
		_____	0	0	0	0	_____	_____	
		_____	0	0	0	0	_____	_____	
		_____	0	0	0	0	_____	_____	
	<i>Insert additional lines as needed</i>	_____	0	0	0	0	_____	_____	
9.18b	Spatial Separation Continued	<u>Wall (repeated)</u>	<u>Construction Type</u>			<u>Cladding Type</u>			9.10.14., 9.10.15.
		_____	_____			<input type="checkbox"/> Non-combustible			
		_____	_____			<input type="checkbox"/> Non-combustible			
		_____	_____			<input type="checkbox"/> Non-combustible			
	<i>Insert additional lines as needed</i>	_____	_____			<input type="checkbox"/> Non-combustible			

9.19a	Plumbing Fixture Requirements	Ratio: <u>Male:Female = 50:50 Except as noted otherwise</u>	9.31. & 3.7.4.																									
		<table border="1"> <thead> <tr> <th><u>Floor Level/Area</u></th><th><u>Occupant Load</u></th><th><u>OBC Sentence</u></th><th><u>WCs Required</u></th><th><u>WCs Provided</u></th></tr> </thead> <tbody> <tr> <td>_____</td><td><u>0</u></td><td>_____</td><td><u>0</u></td><td><u>0</u></td></tr> <tr> <td>_____</td><td><u>0</u></td><td>_____</td><td><u>0</u></td><td><u>0</u></td></tr> <tr> <td>_____</td><td><u>0</u></td><td>_____</td><td><u>0</u></td><td><u>0</u></td></tr> <tr> <td>_____</td><td><u>0</u></td><td>_____</td><td><u>0</u></td><td><u>0</u></td></tr> </tbody> </table>	<u>Floor Level/Area</u>	<u>Occupant Load</u>	<u>OBC Sentence</u>	<u>WCs Required</u>	<u>WCs Provided</u>	_____	<u>0</u>	_____	<u>0</u>	<u>0</u>	_____	<u>0</u>	_____	<u>0</u>	<u>0</u>	_____	<u>0</u>	_____	<u>0</u>	<u>0</u>	_____	<u>0</u>	_____	<u>0</u>	<u>0</u>	
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9.20	Energy Efficiency:	<p>Category:</p> <p>Non-residential Compliance Option:</p> <p><input type="checkbox"/> SB-10 Prescriptive (Div.4)</p> <p><input type="checkbox"/> SB-10 Performance (Div.2)</p> <p><input type="checkbox"/> SB-10 Prescriptive (Div.2)</p> <p>Residential Compliance Option:</p> <p><input type="checkbox"/> SB-12 Prescriptive Compliance Packages</p> <p><input type="checkbox"/> SB-12 Performance Compliance</p> <p><input type="checkbox"/> SB-12 Other: Energy Star for New Homes</p> <p><input type="checkbox"/> EnerGuide for New Houses</p> <p><b>Project Design Conditions:</b></p> <p>Climatic Zone: _____</p> <table border="1"> <thead> <tr> <th><u>Fenestration</u></th><th><u>Gross Above Grade Wall or Roof Area (m<sup>2</sup>)</u></th><th><u>Gross Fenestration Area (m<sup>2</sup>)</u></th><th><u>Fenestration Ratio</u></th></tr> </thead> <tbody> <tr> <td>Vertical (W+D)</td><td><u>0</u></td><td><u>0</u></td><td><u>0%</u></td></tr> <tr> <td>Skylights</td><td><u>0</u></td><td><u>0</u></td><td><u>0%</u></td></tr> </tbody> </table>	<u>Fenestration</u>	<u>Gross Above Grade Wall or Roof Area (m<sup>2</sup>)</u>	<u>Gross Fenestration Area (m<sup>2</sup>)</u>	<u>Fenestration Ratio</u>	Vertical (W+D)	<u>0</u>	<u>0</u>	<u>0%</u>	Skylights	<u>0</u>	<u>0</u>	<u>0%</u>	12.2.													
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		<p>Space Heating Fuel    <input type="checkbox"/> Natural Gas    <input type="checkbox"/> Oil    <input type="checkbox"/> Electricity</p> <p>                                 <input type="checkbox"/> Propane    <input type="checkbox"/> Solid fuel    <input type="checkbox"/> Earth energy</p> <p>Heating Equipment Efficiency    <input type="checkbox"/> ≥92% AFUE    <input type="checkbox"/> ≥84% - &lt;92% AFUE</p> <p>Other Conditions    <input type="checkbox"/> ICF Basement    <input type="checkbox"/> ICF Above Grade</p> <p>                                 <input type="checkbox"/> Walk-out Basement    <input type="checkbox"/> Slab-on-Ground</p> <p>                                 <input type="checkbox"/> Log/Post &amp; Beam    <input type="checkbox"/> Blown-in Insulation Above Grade Wall</p> <p>                                 <input type="checkbox"/> Spray-applied Foam Insulation Above Grade Wall    <input type="checkbox"/> Drain Water Heat Recovery Unit Provided</p> <p>Compliance Package    _____</p>	SB-12 T3.1.1.2.A-C T3.1.1.3.A-C
9.21	Sound Transmission Design:	<p>Is there more than 1 dwelling unit in the building?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>Option Implemented:    <u>Min STC rating of</u> _____</p> <p>Notes: _____</p>	5.8.1.2., 5.8.1.4., & 9.11.1.4.
9.22	Bracing to Resist Lateral Loads Due	<p>5% Seismic Spectral Acceleration, <math>S_a(0.2)</math>    _____</p> <p>1-in-50 hourly wind pressure (HWP) (kPa)    _____</p> <p>Applicable Requirements:</p> <p>Design in accordance with: _____</p> <p>Notes: _____</p> <p>Bracing in accordance with: _____</p> <p>Notes: _____</p> <p>Construction Type by Floor Level</p> <p>Lowest Exterior Frame Wall Supports: _____</p> <p>2<sup>nd</sup> Level: _____</p> <p>3<sup>rd</sup> Level: _____</p> <p>Notes: _____</p>	<p><u>SB-1, Table 3</u></p> <p><u>SB-1, Table 2</u></p> <p>T A-9.23.13 9.23.16.2., 9.27. &amp; 9.29. 9.23.13.4. to 9.23.13.7. Part 4 Good eng. practice</p>
9.23	Alternative Solutions	<p>_____</p> <p>_____</p> <p>_____</p> <p><i>Insert additional lines as needed</i></p>	[A] 1.2.1.1., and [C] 2.1.

9.24	Notes:  <i>Insert additional lines as needed</i>	<hr/> <hr/> <hr/> <hr/>	
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1      *All references are to Division B of the OBC, unless preceded by [A] for Division A and [C] for Division C.*